

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Revision #2 10/03/2016

Legal Business Name: The Heidi Group

Eliud Acevedo, MD

Clinic Site # 1 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of Interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~ *TM*

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

~~Revision #2 10/03/2016~~

Legal Business Name: The Heidi Group

BHW Healthcare Associates

Clinic Site # 2 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~ *bm*

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS REVISED

Revision #2 10/03/2016

Legal Business Name: The Heldt Group

Bratos Medical Associates

Clinic Site # 3 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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Legal Business Name: The Heidi Group

Community Wellness Clinic

Clinic Site #4 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of Interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~

~~(MOU attached)~~

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Legal Business Name: The Heidi Group

Health 4U Clinic, Arlington

Clinic Site # 5 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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Working on Moultrie pharmacy for Class D exemption

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

~~Version #1 10/03/2016~~

Legal Business Name: The Heidi Group

Health 4U Clinic, Fort Worth

Clinic Site # 6 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of Interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS .

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Legal Business Name: The Heldt Group

Health Now Family Practice

Clinic Site #7 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS .

Hillside Family Health Clinic, PA.

Revision #2 10/03/2016

Legal Business Name: The Heldt Group

Clinic Site #8 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.

None attached.

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Michael A. ~~Farland~~, M.D.

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Legal Business Name: The Heidi Group

Clinic Site # 9 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

~~Revision #2 10/03/2016~~

Legal Business Name: The Heidi Group

Christy Scoggins Family Clinic

Clinic Site #14 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of Interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Webster Family Care

Revision #2 10/03/2016

Legal Business Name: The Heldt Group

Clinic Site #22 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

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FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Tenison Women's Health Center, Garland

Revision #2 10/03/2016

Legal Business Name: The Heidi Group

Clinic Site # 16 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~

tm

23

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Revision #2 10/03/2016

Legal Business Name: The Heidi Group

Tenison Women's Health Center, Terrell

Clinic Site #17 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

(1) ~~Class D Pharmacy - will have to apply for this location~~ *tm*

(31)

511.

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS...

Treat Now Family Clinic, Arlington

~~Revision #2 10/03/2016~~

Legal Business Name: The Heidi Group

Clinic Site # 18 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.~~

(Now attached)

tm

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS

Revision #2 10/03/2016

Legal Business Name: The Heidi Group

Treat Now Family Clinic, Mineral Wells Clinic Site # 19 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of Interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

~~working on MOLU with local pharmacy for Class D exemption~~

~~tm~~

FORM H: FAMILY PLANNING PROGRAM CLINIC SITE READINESS ..

Jalley Women's Care PLLC

Revision #2 10/03/2016

Legal Business Name: The Heidi Group

Clinic Site #21 of 22

Complete one form for every clinic site that will provide Family Planning Program Services funded through this open enrollment. Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are Family Planning Services provided under the purview of a Medical Director licensed in the state of Texas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have at least a Class D pharmacy license (or have applied for license)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Are the required contraceptives available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there proper disposal for medical waste?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there CLIA certification for level of tests performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client Intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If No is marked for any of the above, please explain:

FP Pharmacy waiver will be in place by contract completion. Memo of Understanding with local pharmacy will provide prescription services for patients.

-tm